

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

31703

4016

FILED SEP 27 1952

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>53 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>4300 East 25th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Orensen Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIETTA</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>KEELE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 10 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 22, 1899</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Saleslady</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Beattie, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. <u>Retired Saleslady</u>		10b. <u>Pick's Store</u>		13a. FATHER'S NAME <u>William Harwood</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Cassidy</u>	
13c. <u>Joseph E. Keele</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NUMBER <u>500-12-7347</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy J. Keele</u>		18. ADDRESS <u>4300 E. 25th St. K.C. Mo.</u>		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Larynx</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>4-21</u> , 19 <u>52</u> , to <u>9-16</u> , 19 <u>52</u> and that death occurred at <u>9:50 A.M.</u> , from the causes and on the date stated above.		23. SIGNATURE <u>Norman Ginsberg</u> (Degree or title) <u>MD</u>	
23b. ADDRESS <u>322 Professional Bldg</u>		23c. DATE SIGNED <u>9-10-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holman</u>		25b. ADDRESS <u>W. H. Newcomer's Sons, Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-11-52</u>		REGISTRAR'S SIGNATURE _____		25c. _____		25d. _____	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420 (Supplemental only)

1021 McMa

9th 75-20  
2003737

308622

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Robert E. Henson

Licensed Embalmer No. 4849

P. O. Address K. E. Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.